

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09779367

FILING DATE
2-9-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1					
4	1					
5		1				
6		1				
7	1					
8		1				
9	1					
10	1					
11	1		1	1		
12		1				
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42	1					
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48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	36	36	36			
TOTAL CLAIMS	42		42			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						